

GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS2 Peachtree Street, N.W., - 36th Floor

Atlanta, Georgia 30303

(404) 656-3913 main number; (404) 656-9723 (fax)

www.medicalboard.state.ga.us**DUPLICATE IDENTIFICATION CARD ORDER FORM****INSTRUCTIONS:**☐ **Type or print clearly.**☐ **Complete all information requested.****CHECK CATEGORY:**☐ **Volunteer in Medicine****LICENSE/CERTIFICATE NUMBER:** _____**DATE ISSUED:** _____

I hereby apply for a Duplicate Identification Card. The circumstances regarding the loss or destruction of my original identification card are as follows:

Type or Print Name (as you would like for it to appear)

Type or Print Address

City

State

Zip Code

Daytime telephone number

e-mail address

Signature

Date